

S. No. 2
M-543
5-17-43
I X32873

35207

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 287

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leaning Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community 36 years years, months or days)

3. (a) PRINT FULL NAME William Henry Brown
3. (b) If veteran, — name war. 3. (c) Social Security No. 707-05-7293

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Della Brown 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased May 13 1879 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 4 13 — hr. — min.

9. Birthplace Pike County Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Retired Machinist

11. Industry or business C. & O. Railroad, Hannibal, Mo.

12. Name Peter Brown

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Della Brown

(b) Address 1511 Fulton, Hannibal, Mo.

17. (a) Burial (b) Date thereof Sept 29, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Hydenburg Cemetery

18. (a) Signature of funeral director Reg. P. Schwartz

(b) Address 1011/43

19. (a) 10/1/43 (b) RW Connor (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 064
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 Fulton Ave. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Oct 1 to Sept 26 1943
that I last saw him alive on Sept 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis & myocarditis
Due to Chc nephritis

Due to Chc nephritis

Other conditions Chc nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations none 1316

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) /
(b) Date of occurrence /
(c) Where did injury occur? / (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

While at work / (Specify type of place) (e) Means of injury /

23. Signature Dr. P. Schwartz (M. D. certificate)
Address 1011/43 Date signed 9/28/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1146

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ray P. Schwartz

Licensed Embalmer No.....1765-

P. O. Address.....1000 Broadway, Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.